

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/049899

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
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TOTAL IND.			3			
TOTAL DEP.			8			
TOTAL CLAIMS						

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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631

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National Stage Processing
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